

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/584837

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
1						
2						
3						
4		2				
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
11						
12		0				
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49						
50						
TOTAL IND.	11		11			
TOTAL DEF.	29		24			
TOTAL CLAIMS	40		35			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
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100						
TOTAL IND.						
TOTAL DEF.						
TOTAL CLAIMS						